## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P95000021651 (1)**1. Corporation Name

## ADVANCED HEALTH CARE CONSULTANTS, P.A.

Principal Place of Business Making Address						··• •	I LEGOLISTON THE LOCAL GENT COURT OFFICE OFFICE VEHICLE STATES OF THE VEHICLE STATES			
777 S. FLAGLER DRIVE SUITE 900 W PALM BEACH FL 33401		777 S. FLAGLER DRIVE SUITE 900 W PALM BEACH FL 33401								
							3. Date Incorporated or Qualified 03/16/1995	3a. Dai	e of Last	Report
Principal Place of Business     The Principal Place of Business		2a. 26	Ra. Mailing Address				4. FEI Number	_	Ø	Applied For Not Applicable
Suite, Apt. #, etc.		27	Surte, Apt. #, etc.				5. Gertificate of Status Desired			75 Additional e Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.	00 May Be ded to Fees
Zip 24 •	Country 25	25 29 30			,		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No  Yes ☐ No    Provided to Fees			
2	<ol><li>Name and Address of Current</li></ol>	ıl Regis	tered Agent	- <del> </del>			10. Name and Address of New R		Agent	
				81	[ ]	Name			rigoni.	
	le, philip Flagler drive			82		Street Addre	ess (P.O. Box Number is Not Acceptab	lei -		
SUITE 900				83	-					
	I BEACH FL 33401									
]				84	(	City		E-1	85 2	Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 60	7.1508, Florida Statuti	es, the above r	L Tar	ned comora	ation submits this statement for the purp	T L	nging ite	registered office
or register familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Socti	da Such ion 607 (	i change was authoriz 0505: Florida Statutos	ed by the corp	Ora	ation's board	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as	registere	registered onice ad agent. Lanı
SIGNATURE			asso, Floridi Statutas							
	Signature, bysed or printed name of regularied agent			FE: Flogistered Ages	it se	ynation on were	when reinstating	DATE		
12.	OFFICERS AND	) DIREC		13.			ADDITIONS/CHANGES TO OFFE		DIRECT	ORS IN 12
TITLE			DELETE 1 1		1 1 TOLE				Change	
NAME FINNEL, DEBBIE			1.2 N		1.2 NAME					_
STREET ADDRESS 308 S.E. HOSPITAL AVE.		1:		13 STREET	1.3 STREET ADDRESS					
CITY-ST-Z/P			····		1.4 C/TY - ST - Z/P					
THTLE	PD CERROL LOOF		☐ DELETE		2 1 TATLE			]	Change	Addition
NAME	SERRA, JOSE		221		2 2 NAME					
STREET ADDRESS	OTHERT PL AMAGE		. 23		2.3 STREET ADORESS					
CITY-ST-ZIP	310ARI FL 34994		·	24 CITY - S	T · Z	DF				
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				3.2 NAME						i
STREET ADDRESS				3.3 STREET		1				
CITY-ST-ZIP TITLE			Florer	3 4 CITY - S	- 7	TIF				
NAME			DELETE	4   TITLE					Change	☐ Addilion
STREET ADDRESS				4.2 NAME		İ				
CITY-ST-ZIP				4.3 STHEET.						
THILE			DELETE	4.4 CITY - S1		1 <del>9</del>	<u> 1800017</u> 0	74	3. <del>1</del>	<u> </u>
NAME				5 1 TITLE		10000179 -04/29/96010	211	յ•≎ <b>թե</b> ոց։ 19	☐ Addition	
STREET ADDRESS				5.3 STREET ADDRESS		78495	***200.00	0		
CITY - ST - ZIP				5.4 CiTY - SI						
TITLE.			DELETE	6 1 TITLE	- 21	<u>"</u>			T Change	FT Addition
NAME			<del>-</del>	6 2 NAME				(_	] Change	☐ Addition
STREET ADDRESS				6.3 STREET A	A EN EN	IRESS				
CITY-ST-ZIP					1					
	certify that the information supplied w	itis thin f	State Section 1	64 CITY - SI	· Z1	<u> </u>				

4. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an altury ment with an address.

SIGNATURE: 2

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/40

907-283-9093